|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          | _              |                                        |                                                      |  |  |  |  |  |
|--------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|--------------------------|----------------|----------------------------------------|------------------------------------------------------|--|--|--|--|--|
| Fill                                                                     | in this informa                                  | tion to identify yo                                                                            | our case:                                |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
| Deb                                                                      | tor 1                                            | Jason Colon                                                                                    | 1                                        |                                                 |                          | Check          | k if this is:                          |                                                      |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                | An amended filing                      |                                                      |  |  |  |  |  |
|                                                                          | otor 2<br>ouse, if filing)                       |                                                                                                |                                          |                                                 |                          |                | A supplement show<br>13 expenses as of | ving postpetition chapter                            |  |  |  |  |  |
| (Spt                                                                     | Juse, II IIIIIg)                                 |                                                                                                |                                          |                                                 |                          |                | 13 expenses as or                      | the following date.                                  |  |  |  |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA |                                                  |                                                                                                |                                          |                                                 |                          | MM / DD / YYYY |                                        |                                                      |  |  |  |  |  |
| Cas                                                                      | e number 17                                      | '-16698                                                                                        |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
| (If k                                                                    | nown)                                            |                                                                                                |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
| Of                                                                       | fficial Fo                                       | rm 106J                                                                                        |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          |                                                  | J: Your                                                                                        | Exper                                    | ises                                            |                          |                |                                        | 12/1                                                 |  |  |  |  |  |
| Be<br>info<br>nur                                                        | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>ore space is ne<br>n). Answer ever                                          | s possible.<br>eded, atta<br>ry question | If two married people<br>ch another sheet to th |                          |                |                                        | r supplying correct                                  |  |  |  |  |  |
| Par<br>1.                                                                |                                                  | ibe Your House                                                                                 | enoia                                    |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          | ✓ No. Go to Yes. <b>Doe</b>                      | Is this a joint case?  ✓ No. Go to line 2.  ✓ Yes. Does Debtor 2 live in a separate household? |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          | ∐ N<br>□ Y                                       |                                                                                                | st file Offici                           | al Form 106J-2, <i>Expens</i>                   | ses for Separate Hous    | ehold of Debt  | or 2.                                  |                                                      |  |  |  |  |  |
| 2.                                                                       | Do you have                                      | e dependents?                                                                                  | □No                                      |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          | Do not list De<br>Debtor 2.                      | ebtor 1 and                                                                                    | ✓ Yes.                                   | Fill out this information fo each dependent     | •                        |                | Dependent's age                        | Does dependent live with you?                        |  |  |  |  |  |
|                                                                          | Do not state dependents                          |                                                                                                |                                          |                                                 | Daughter                 |                | 13                                     | □ No ✓ Yes                                           |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 | Son                      |                | 15                                     | ☐ No ✓ Yes                                           |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                |                                        | No                                                   |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                |                                        | Yes                                                  |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                |                                        | No                                                   |  |  |  |  |  |
| 3.                                                                       | expenses of                                      | enses include<br>f people other t                                                              |                                          | No<br>Yes                                       |                          |                |                                        | ∐ Yes                                                |  |  |  |  |  |
|                                                                          | yourself and                                     | d your depende                                                                                 | nts?                                     | . 55                                            |                          |                |                                        |                                                      |  |  |  |  |  |
| Par                                                                      | t 2: Estima                                      | ate Your Ongoi                                                                                 | ng Monthl                                | y Expenses                                      |                          |                |                                        |                                                      |  |  |  |  |  |
| Est                                                                      | imate your ex                                    | penses as of ye                                                                                | our bankrı                               | uptcy filing date unles                         |                          |                |                                        | pter 13 case to report<br>f the form and fill in the |  |  |  |  |  |
| Inc                                                                      | luda avnansa                                     | s naid for with I                                                                              | non-cash                                 | government assistanc                            | e if you know            |                |                                        |                                                      |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                | .,                                     |                                                      |  |  |  |  |  |
| (Of                                                                      | ficial Form 10                                   | assistance and have included it on Schedule I: Your Income  Sol.)  Your expenses               |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
| 4.                                                                       |                                                  | or home owners<br>and any rent for the                                                         |                                          | ses for your residence<br>r lot.                | e. Include first mortgag | je<br>4. \$    | -                                      | 376.00                                               |  |  |  |  |  |
|                                                                          | If not includ                                    | ed in line 4:                                                                                  |                                          |                                                 |                          |                |                                        |                                                      |  |  |  |  |  |
|                                                                          | 4a. Real e                                       | state taxes                                                                                    |                                          |                                                 |                          | 4a. \$         |                                        | 0.00                                                 |  |  |  |  |  |
|                                                                          |                                                  | rty, homeowner's                                                                               | s, or renter                             | 's insurance                                    |                          | 4b. \$         |                                        | 0.00                                                 |  |  |  |  |  |
|                                                                          |                                                  |                                                                                                |                                          | pkeep expenses                                  |                          | 4c. \$         |                                        | 0.00                                                 |  |  |  |  |  |
| _                                                                        |                                                  | owner's associat                                                                               |                                          |                                                 |                          | 4d. \$         |                                        | 0.00                                                 |  |  |  |  |  |
| 5.                                                                       | Additional n                                     | nortgage payme                                                                                 | ents for yo                              | our residence, such as                          | home equity loans        | 5. \$          |                                        | 0.00                                                 |  |  |  |  |  |

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| Deb      | tor 1 Jason Colon                                                                                                                                                                                                                                 | Case num  | ber (if known)                          | 17-16698                      |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-------------------------------|
|          |                                                                                                                                                                                                                                                   |           |                                         |                               |
| 6.       | Utilities: 6a. Electricity, heat, natural gas                                                                                                                                                                                                     | 6a.       | ¢                                       | 400.00                        |
|          | 6b. Water, sewer, garbage collection                                                                                                                                                                                                              | 6b.       | ·                                       | 400.00<br>100.00              |
|          | 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                                                | 6c.       |                                         | 130.00                        |
|          |                                                                                                                                                                                                                                                   | 6d.       |                                         |                               |
| 7        | 6d. Other. Specify: CABLE/INTERNET Food and housekeeping supplies                                                                                                                                                                                 | ou.<br>7. | ·                                       | 120.00                        |
| 7.<br>8. | Childcare and children's education costs                                                                                                                                                                                                          | 7.<br>8.  | ·                                       | 525.00                        |
|          | Clothing, laundry, and dry cleaning                                                                                                                                                                                                               | 9.        | ·                                       | 35.00<br>50.00                |
| 9.<br>10 | Personal care products and services                                                                                                                                                                                                               | 9.<br>10. | ·                                       |                               |
| 10.      |                                                                                                                                                                                                                                                   |           | · · — — — — — — — — — — — — — — — — — — | 35.00                         |
| 11.      | •                                                                                                                                                                                                                                                 | 11.       | Φ                                       | 25.00                         |
| 12.      | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.                                                                                                                                                  | 12.       | \$                                      | 225.00                        |
| 13.      | Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                                                | 13.       | · -                                     | 35.00                         |
|          | Charitable contributions and religious donations                                                                                                                                                                                                  | 14.       | ·                                       | 25.00                         |
|          | Insurance.                                                                                                                                                                                                                                        |           | ·                                       | 20.00                         |
|          | Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                                                     |           |                                         |                               |
|          | 15a. Life insurance                                                                                                                                                                                                                               | 15a.      | \$                                      | 0.00                          |
|          | 15b. Health insurance                                                                                                                                                                                                                             | 15b.      | \$                                      | 0.00                          |
|          | 15c. Vehicle insurance                                                                                                                                                                                                                            | 15c.      | \$                                      | 125.00                        |
|          | 15d. Other insurance. Specify:                                                                                                                                                                                                                    | 15d.      | \$                                      | 0.00                          |
| 16.      | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:                                                                                                                                                  | <br>16.   | \$                                      | 0.00                          |
| 17       | Installment or lease payments:                                                                                                                                                                                                                    |           | <u> </u>                                | 0.00                          |
| •••      | 17a. Car payments for Vehicle 1                                                                                                                                                                                                                   | 17a.      | \$                                      | 0.00                          |
|          | 17b. Car payments for Vehicle 2                                                                                                                                                                                                                   | 17b.      | \$                                      | 0.00                          |
|          | 17c Other Specify:                                                                                                                                                                                                                                | 17c.      | \$                                      | 0.00                          |
|          | 17d. Other. Specify:                                                                                                                                                                                                                              | 17d.      | · -                                     | 0.00                          |
| 18.      | Your payments of alimony, maintenance, and support that you did not report as                                                                                                                                                                     |           |                                         |                               |
|          | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                                                                   | 18.       | \$                                      | 0.00                          |
| 19.      | Other payments you make to support others who do not live with you.                                                                                                                                                                               |           | \$                                      | 0.00                          |
|          | Specify:                                                                                                                                                                                                                                          | 19.       |                                         |                               |
| 20.      | Other real property expenses not included in lines 4 or 5 of this form or on Sche                                                                                                                                                                 |           |                                         |                               |
|          | 20a. Mortgages on other property                                                                                                                                                                                                                  | 20a.      | · ·                                     | 0.00                          |
|          | 20b. Real estate taxes                                                                                                                                                                                                                            | 20b.      | · -                                     | 0.00                          |
|          | 20c. Property, homeowner's, or renter's insurance                                                                                                                                                                                                 | 20c.      | ·                                       | 0.00                          |
|          | 20d. Maintenance, repair, and upkeep expenses                                                                                                                                                                                                     | 20d.      | ·                                       | 0.00                          |
|          | 20e. Homeowner's association or condominium dues                                                                                                                                                                                                  | 20e.      | ·                                       | 0.00                          |
| 21.      | Other: Specify:                                                                                                                                                                                                                                   | 21.       | +\$                                     | 0.00                          |
| 22.      | Calculate your monthly expenses                                                                                                                                                                                                                   |           |                                         |                               |
|          | 22a. Add lines 4 through 21.                                                                                                                                                                                                                      |           | \$                                      | 2,206.00                      |
|          | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                                              |           | \$                                      |                               |
|          | 22c. Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                                                   |           | \$                                      | 2,206.00                      |
|          | 220. Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                                                   |           | Ψ                                       | 2,200.00                      |
| 23.      | Calculate your monthly net income.                                                                                                                                                                                                                |           |                                         |                               |
|          | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                                                                 | 23a.      | \$                                      | 2,610.27                      |
|          | 23b. Copy your monthly expenses from line 22c above.                                                                                                                                                                                              | 23b.      | -\$                                     | 2,206.00                      |
|          |                                                                                                                                                                                                                                                   |           |                                         |                               |
|          | <ol> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ol>                                                                                                                      | 23c.      | \$                                      | 404.27                        |
| 24.      | Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?  No.  Explain here: |           |                                         | ease or decrease because of a |
|          |                                                                                                                                                                                                                                                   |           |                                         |                               |